Date:	
То:	Sue Keilholtz Project Controls
Thru:	Jim Ray, P.E. Manager, PME
Thru:	(DST Project Manager)
From:	(Lead Engineer)
SUBJ	ECT: (WO Description) (Building No.) (Work Order #)
compl	esign for the work requested is attached for estimation, fiscal approval and etion by the Facilities Maintenance Shops. For further information regarding this lease contact, PME Project Manager.
Attach	Drawings Scope of Work Specifications
Cc:	(Requestor) (w/o attachments) Clarke Megill (w/o attachments) Tim Lenhart (w/o attachments)